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***COUNSELLING REGULATION:
A QUALITATIVE STUDY OF THE
PERCEPTIONS AND EXPERIENCES OF
NHS PRIMARY CARE COUNSELLORS***

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Dissertation submitted to the University of Liverpool
for the Degree of Master of Arts (Counselling Studies)
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Abstract

The NHS is the largest employer of counsellors in this country and directives from the Department of Health relating to effectiveness, quality control, evidence-based practice and accountability are relevant to their work. NHS counsellors also have to adhere to local policies related to clinical governance and are subject to inspection by statutory bodies. Although at present these issues relate only to the NHS, with the Government's stated intention to regulate the talking therapies, there are possible implications for the wider counselling world, including the voluntary sector.

Using data from 6 semi-structured interviews, this study explores primary care counsellors' perceptions and experiences of regulation. The data were transcribed and analysed using the constant comparative method of qualitative analysis.

Although this study does not propose any 'universal truths' about the possible impact of statutory regulation, it demonstrates a varied awareness of regulatory issues amongst counsellors and confirms that working within current NHS policies does affect counsellors' practice and how they feel as practitioners. The main finding of the study is that counsellors' creativity appears to be adversely affected by regulatory policies within the NHS, which are experienced as intrusive to the therapeutic endeavour and contribute to low job satisfaction, feelings of isolation and vulnerability, and a sense that something fundamental to counselling is being lost, leading to a desire to work elsewhere. The regulation debate so far in the UK has focused mainly on its practical implementation; this study suggests that the potential impact upon the intra-personal experiences of counsellors is also relevant and one that invites further research.

Declaration:

This work is original and has not been submitted previously in respect of any qualification or course.

Jacqueline Jardine

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List of Abbreviations

BAC	British Association for Counselling
BACP	British Association for Counselling and Psychotherapy
BABCP	British Association for Behavioural and Cognitive Psychotherapies
BMA	British Medical Association
CBT	Cognitive Behaviour Therapy
CHI	Commission for Health Improvement
CPC	Counsellors and Psychotherapists in Primary Care
CPD	Continuing Professional Development
DoH	Department of Health
ENTO	Employment National Training Organisation
GP	General Practitioner
HPC	Health Professions Council
IPN	Independent Practitioners Network
NHS	National Health Service
POPAN	Prevention of Professional Abuse Network
NICE	National Institute for Clinical Excellence
UK	United Kingdom
UKCP	United Kingdom Council for Psychotherapy
US	United States (of America)

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1. Introduction

The purpose of this study is to explore what counselling regulation means to counsellors currently employed in NHS primary care, and how they might perceive that impacting upon themselves and their work. This issue seems topical and relevant given the increasing movement within counselling towards professionalisation and the influence of central Government upon that process. Since beginning this research, I have become aware of how fast things have changed in this field, and continue to do so with the Government's recently announced plans to implement statutory regulation of the talking therapies (DoH, 2007).

Over the last twenty five years counselling has developed from its early roots in the educational system to becoming part of community mental health programmes and primary care facilities. It has become another of the 'treatments' patients can expect to be offered when visiting their GP (Burton, 1998) and the counsellor may be seen by the public as another 'health professional' whose services are endorsed by the powerful medical establishment. As a counsellor presently working in primary care, my interest in this topic arose from an assignment exploring the place of the counsellor in today's world. The current climate within the NHS is one of effectiveness, quality control, evidence-based practice and accountability. Totton (1997) argues that counsellors working in a medical context are working within the medical model, whether they subscribe to it or not. Coming from a previous

career as a registered nurse working in primary care, I have personal experience and insight of working within a statutory regulated profession which informs my view of the present situation in counselling.

The NHS is the largest employer of counsellors in this country and directives from the Department of Health are relevant to the work of counsellors, for example the guidelines around treatment choices in counselling and psychotherapy (DoH, 2001), which lists recommended types of therapy for particular presenting problems. As a generic counsellor, I have wondered what my position would be should I work with someone whose presenting problem is not included on the list designated for counselling. Would I be guilty of malpractice given that this document's recommendations are based on evidence which does not always meet the criteria of 'high quality'? Besides the influence of the Department of Health, NHS counsellors also have to work within local policies related to clinical governance and are subject to inspection, along with any other service provider in the NHS. Although at present these issues relate only to NHS counsellors, with the prospect of future regulation, there are possible implications for the wider counselling world, including the voluntary sector.

Whilst acknowledging my own experiences and perceptions of regulation, I am interested in those of other NHS counsellors. I wondered what they might think or feel about this issue and its relevance (or not) for them? Some time ago, I

and my colleagues received a departmental memo asking therapists if they were working towards accreditation, with which organisation and when they anticipated completing the process. How do other counsellors feel about and respond to such internal pressure towards regulation? I am aware that much of the UK literature around this issue contains opinion and rhetoric, but there appears to be a paucity of research into how counsellors might actually perceive regulation and experience the moves towards it. Part of the rationale for this study therefore was to begin to address that gap. As the Government has recently announced plans to proceed with the regulation of the talking therapies (DoH, 2007), it seemed timely and pertinent to seek answers to some of these questions.

1.1 Aims of the Study

The central theme of this study is to explore the perceptions and experiences of primary care counsellors with regard to counselling regulation. The focus of inquiry, within a framework of semi-structured interviews, is directed towards counsellors with varying lengths of experience in the NHS and asks:

- *What does regulation mean to you within the context of your NHS work?*

The aim is not toward finding universal truths, but to learn more about how NHS counsellors feel about regulation, how it might, in various forms, impact upon themselves and their work and how they feel about that. The focus of my study is therefore phenomenological – seeking to understand the perspective of other

counsellors towards issues around regulation; how much do they perceive it as affecting themselves and their work within the NHS and how do they deal with that? The study is based within qualitative research methods, exploring subjective knowledge and experience as expressed through language (Maykut & Morehouse, 1994).

My aim is to explore this issue with fellow counsellors in the hope of learning something which can be added to our understanding of a process which ultimately could have far-reaching implications for all those involved in counselling.

2. Literature Review

The review of the literature for this study has focused on books and journals related to both counselling regulation in general, and specifically to issues within the NHS. In order to ensure that the data was relevant, recent and manageable for this study, the search was restricted to literature published within the last fifteen years and also pertaining only to the UK. Following an initial manual search, I then focused on on-line and CD-Rom databases including PsycINFO, MEDLINE/Pubmed, NHS National Electronic Library for Health websites and Counsel Lit. My search strategy was based on:

Counsel* in (subject) and Regulation/Registration in (subject).

For the purposes of the proposal for this study, an initial review of the literature was undertaken, which served to inform and stimulate the research question. Further examination of the literature was then postponed until after the data had been collated and analysed, in order to reduce bias and facilitate creativity (Strauss & Corbin, 1998). This allowed the researcher to then approach the literature from a fresh perspective and to review new material that had been published in the interim. From the books and journal articles examined, it emerged that regulation is an issue which has become a predominant focus of debate in recent years and, indeed, is still a current dynamic topic for discussion and opinion. I shall now summarise various aspects of that debate as expressed in the literature to date.

2.1 Arguments For and Against Statutory Regulation

There was much in the literature around this topic, including the history of regulation, the form it might take within counselling and the possible effects it could have. Mowbray (1995) provides a detailed and highly critical outline of the progression towards statutory regulation of counselling and psychotherapy in the UK, from the publication of the Foster and Seighart Reports, to the evolution of the Rugby Conferences following the failure of the Bright Bill in 1981, and from which emerged the United Kingdom Council for Psychotherapy (UKCP). He challenges the oft-quoted view that regulation and professionalisation are needed for protection of the public, by referring to Hogan's (1979) seminal research in the US. This off-sets such altruism by highlighting the sometimes unacknowledged issues of professional self interest to be gained from regulation.

This view is echoed by Pilgrim (1997) who feels that issues such as status, salary improvements, protectionism and kudos are underplayed. Baron (1997) comments that counsellors and psychotherapists stand to gain power, authority and employment from professional status and Kwiatkowski (1998) notes the implications of the political context with regard to power issues. Musgrave (2006) asserts that regulation has more to do with power, income and status than public protection and challenges the British Association for Counselling and Psychotherapy's (BACP) pursuit of power under the guise of an educational charity. He queries why regulation is being pursued when there is

little evidence that doing so would be advantageous and is concerned about fear amongst practitioners and the effects on creativity. House (1997) concurs with Mowbray's (1995) view that registration serves no clear-cut purpose and may inhibit innovation and, as Musgrave (2006) similarly does, notes that there has been:

a notable silence from those favouring statutory regulation regarding the many formidable (perhaps even devastating) anti-regulation arguments he has assembled (p107).

This issue is one which Postle (2007) has repeatedly highlighted over the last decade in his many articles on regulation, challenging the professional bodies (and the Government) to provide solid evidence that therapy is harmful and to prove that statutory regulation is the best method of prevention. He offers an alternative in the form of the Independent Practitioners' Network (IPN), small groups of practitioners who hold collective responsibility for each others' practice.

Thorne (2002) holds a passionate argument for voluntary self-regulation and vehemently opposes statutory regulation, fearing that:

Regulation in the hands of government or the law would mean a stifling of creativity and the proliferation of therapists who can no longer offer the best of themselves for fear of making mistakes or earning adverse judgement in an increasingly litigious society (p5).

Decker (2002) also argues against statutory regulation and points out that it would be "difficult to avoid a hierarchical and unitary model of what counts as counselling and psychotherapy" (p8) and that there is a danger of counselling

losing its 'soul' for state recognition – a view later endorsed by Spence (2007) and Postle (2007).

O'Carroll (2002) in response to Decker (2002), argues that voluntary regulation has failed, hence the existence of organisations such as POPAN (Prevention of Professional Abuse Network) and suggests that counsellors stop thinking of themselves as special and advocates standardisation of training and practice that is legally enforceable, via a statutory framework.

Protection of the public against unqualified practitioners and the harm that may ensue, are often cited, particularly by professional bodies such as BACP and UKCP, in support of the argument for regulation, despite the assertions of writers such as Hogan (2003) who states that his criticisms of regulation still hold, two decades after his original study of the subject, and House (2003, p143) who argues that *"the public interest argument in favour of registration simply doesn't stand up to scrutiny"*. The BACP see the purpose of regulation as the establishment of a *"nationwide, professionally determined and independent standard of training, conduct and competence....for the protection of the public and the guidance of employers"* (Budd & Mills, 2000). This leads to another large area of the literature which looks at the influence of central Government on the regulation of counselling and psychotherapy.

2.2 Influence of Government

Since the publication of the White Paper 'The New NHS – Modern, Dependable' in 1997, the Government have embarked on a radical 10 year plan of reform of the NHS which aims to give patients fair access and high quality care wherever they live, and which directly impacts upon NHS counsellors in terms of standards, audit and accountability. The 1999 National Service Framework for Mental Health (DoH, 1999) introduced standards for primary care and protocols for depression and anxiety, with national performance assessment for suicide rates.

Also in 1999 the National Institute for Clinical Excellence (NICE) was established. The role of this Special Health Authority is:

to provide patients, health professionals and the public with authoritative, robust and reliable guidance on current 'best practice'. This guidance will consider both clinical and cost effectiveness (National Prescribing Centre, 2001).

NICE guidance covers health technologies, clinical guidelines for the management of specific conditions, GP referral advice and clinical audit methods. Since April 1999, all NHS bodies in England have had the statutory duty of clinical governance placed upon them. This is defined in the White paper 'A First Class service' as:

A framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical care will flourish (Swage, 2000).

Clinical governance issues include clinical effectiveness, risk management, complaints, professional development, outcomes of care and quality clinical data – all areas which impact upon the counsellor working in NHS primary care.

In September 1999 the Commission for Health Improvement (CHI) was set up – another statutory body whose function was to support the development of high quality clinical practice consistently across the NHS and to review every NHS trust every 3 - 4 years, looking to see that clinical governance arrangements were working, that NICE guidelines were being adhered to and then publishing its findings (Swage, 2000).

Carter (2001) in reviewing the impact of these developments on counsellors, asks us to imagine being asked CHI's 'killer questions' – how good/safe is your practice, how do you know and what are you doing to make it better/safer? All NHS counsellors need to be aware of the changes happening in the NHS, the effect of guidelines such as 'Treatment Choices in the Psychological Therapies' (2001), the culture of evidence-based practice on their work and accountability in their practice. However Eatock (2000) fears that the average counsellor is unaware, despite the implications for individuals and organisations. CHI closed in March 2004 and the Commission for Healthcare Audit and Inspection (Healthcare Commission) replaced it, an independent body set up to promote and drive improvement in the quality of healthcare and public health, chaired by Sir Ian Kennedy and, with fourteen commissioners, having responsibility for

regulating and inspecting the independent healthcare sector, and assessing and publishing the performance of NHS and independent healthcare services. Until 2004/5 these published reports included national 'star' ratings, and inspection of services can extend to scrutinising counsellors' client case notes. It produces an annual report to Parliament on the provision of healthcare by or for NHS bodies, reviews formal complaints about NHS services that have not been resolved at local level and investigates serious failures in services.

Accountability was high on the agenda in the Government's 'Modernising Regulation in the Health Professions' consultation document (2001), following the Kennedy Report of the Bristol Royal Infirmary Inquiry. This document, which referred to the regulation of already-established health professions, acknowledged that legislation governing professional regulatory bodies predated the modern era of openness and responsiveness. It referred to the doctors' professional body – the General Medical Council – as having fewer disclosure requirements than a limited company, trade union or charity. Following the convictions of Beverley Allitt and Harold Shipman, the Government acknowledged that current legislation overseeing health professions was inadequate and not protecting patients. Regardless of academic training and qualifications, entry on professional registers and membership of professional bodies, these cases highlighted that individuals can and do abuse the trust placed upon them by the public.

In response to these concerns, the Government established the Health Professions Council, following new powers created in the Health Act 1999. The HPC is an independent statutory regulator that works to protect the health and well being of people using the services of health professionals registered with it. It currently registers over 180,000 professionals from thirteen professions who meet its standards for professional skills, behaviour and health.

In 2006 the Government published two documents likely to influence the future regulation of the psychological therapies: the Foster review 'The regulation of the non-medical healthcare profession' (DoH, 2006) and the Donaldson report 'Good doctors, safer patients' (DoH, 2006), a report on the reform of medical regulation. This was followed in February 2007 by the publication of the White Paper 'Trust, Assurance and Safety, The Regulation of Health Professionals in the 21st Century' (DoH, 2007) which sets out the regulation of counselling and psychotherapy as a priority, unlike previously, and that this would be via the HPC (Aldridge, 2007a), despite the suggestion of some of the professional bodies to have an alternative regulator – a Psychological Professions Council (Postle, 2007) and reports of 100,000 practitioners being opposed to the notion of regulation by the HPC (Docchar, 2007). This has huge implications for counselling and psychotherapy training as the HPC sets the standard of education and training for professions that are registered with them. In conjunction with ENTO (Employment National Training Organisation), Skills for Health (Sector Skills Council for the Health Sector), have developed National

Occupational Standards and Competences for counselling – the Mental Health Framework contains ninety six competences, many of which are incorporated into the NHS Knowledge and Skills job outlines for counsellors, and assessment of which are part of the annual appraisal process for NHS counsellors. Casemore (2007) questions the notion of a core curriculum for counsellor training and counselling becoming a graduate profession, feeling that this could disenfranchise non-academic students and that the proposals seem to match the drive in the NHS for 'a quick fix'. However, Barden (2007), current BACP Chair, stresses the need for a core curriculum that gives a recognised training standard that links to opportunities for pay and career progression. The process of becoming registered and thereby regulated by the HPC initially involves the transfer of practitioners who are currently on the voluntary registers of the professional bodies, such as those counsellors who are accredited with BACP (Aldridge, 2007). This leads on to a further area of the literature; that which relates to accreditation.

2.3 Accreditation

Mowbray (1997) is critical of these voluntary registers, feeling that their 'official' sounding titles are misleading to the public and fears they may exert a power monopoly regarding jobs where advertisements specify accreditation or membership of such registers as a requirement. Wasdell (1997) also points out that aside from seeking standards of excellence in practice, accreditation can also be about fear of rejection and a hysterical desire to belong to a group. He

speculates that therapists' work offered for accreditation may not be truly representative, but only that which is known to meet the criteria. Howard (1996) and Feltham (2000) are critical of the accreditation process, highlighting the lack of specificity with regard to the nature of the hours of practice needed and the lack of evidence between quantity and quality of practice. Thorne (2002) feels the accreditation scheme has almost become obligatory for the intending therapist and raises fears about 'expert exclusiveness' and the stifling of therapist creativity. Postle (2007) challenges accreditation as an assessment of 'input', i.e. training, as opposed to assessment of the therapist's 'output' in regard to the effectiveness of their work.

Within BACP, accreditation is seen as a reliable benchmark, safeguarding the public and counsellors in all settings, not just healthcare, but is acknowledged as having been designed to meet the requirements of employers, including the NHS, in anticipation of forthcoming regulation (Aldridge, 2001a). Aldridge, then Head of accreditation at BACP, stated that:

When they bring regulation in it will be individuals who will be registered. It will be registration by title which means that only those who are registered will be able to call themselves counsellors and psychotherapists. So if you haven't hit the standard you won't be able to practise (2001b, p5).

Rogers (2001) challenges this pressure from BACP, pointing out that around 82% of a (then) 17,000 membership were not accredited and wonders how likely it might be that he would be stopped from working, having achieved the counselling hours and training, but not the accreditation 'badge'? He sees the

pressure to become accredited as part of BACP's struggle for political power and status.

Once accredited, BACP members must undertake an annual re-accreditation process which entails ongoing supervised practice and the completion of a minimum of 30 hours continuing professional development activity (CPD), involving a mentor scheme. Rigby (2001 pp46) defends this practice to *“ensure the quality of our CPD in order that we can stand up to outside scrutiny – particularly from government who view CPD as an integral part of regulation”*. However, as Curtis Jenkins, late Founder and Director of the (now defunct) Counselling in Primary Care Trust, pointed out, counselling CPD is of variable quality and often expensive. Aside from who will fund it, he also wondered how it could be validated and regulated and who decides what is relevant? (2002; 2003). House (1996) asserts that it is an expensive illusion, and one that is lucrative for trainers, that extensive training cannot guarantee competent practitioners and questions the evidence that training, registration and regulation protect the public in any way. In terms of the requirements of the HPC, the current CPD requirement of most registering bodies is more demanding than that of the HPC (Aldridge & Pollard, 2005). However, for NHS counsellors, CPD is seen as part of clinical governance and is therefore a mandatory part of their work.

2.4 Conclusions

The UK literature regarding counselling regulation reveals strong opinion and powerful argument amongst practitioners in relation to the activities of both the professional bodies and the Government, to introduce statutory control over therapist training, title and continuing licence to practise. The wider literature makes reference to current similar arguments in Australia for a statutory framework for therapy and the questions raised around the format that might take (MacLeod & McSherry, 2007; Pelling & Sullivan, 2006), suggesting that the present situation in the UK is not unique. Hogan (1999) refers to the US experience of state regulation and notes that innovation in professional practice, training, education and organisation of services can be inhibited as a result. Messina-Connolly (2002) discovered that US therapists experienced a managed healthcare system as interfering with the therapy process, felt more distracted, physically and emotionally unavailable and unable to develop the therapeutic relationship. They chose to abandon working with managed care systems in order to offer the therapy they believed was clinically indicated.

As the UK debate looks set to continue and the exact format of counselling regulation remains unclear, it seems timely therefore to ask those at the 'coalface', who are currently grappling with the Government's edicts within the NHS, what regulation means to them and how might it affect their work?

3. Method

Qualitative research offers a framework for research that is based on information about how people feel – grounded theory explores social processes within human interactions and in this, qualitative research makes a unique contribution to the field (Glaser & Stauss, 1967). McLeod (1994, p78) asserts that a fundamental goal of qualitative research is to understand the *meaning* of ‘things’ to people and briefly defines it as:

a process of systematic inquiry into the meanings which people employ to make sense of their experience and guide their actions.

The focus of this study is to gain a deeper understanding of counsellors’ perceptions and experiences of regulation and a phenomenological approach is appropriate as it allows the researcher to enter into the frame of reference of the research participants.

3.1 Research Philosophy and Design

This study aims to explore how NHS primary care counsellors perceive and experience regulation within their work. Given that the focus is individual, subjective reflections, a discovery-oriented research approach was needed that would enable subtle, qualitative aspects of data to emerge that could be rigorously analysed with minimal interpretation. McLeod (1994, p4) gives a working definition of research as “*a systematic process of critical inquiry leading to valid propositions and conclusions that are communicated to interested others*”, and comments that there are many ways of arriving at valid

propositional knowledge. Much research within counselling has been based on a positivist, quantitative approach that assumes the existence of an objective reality which can be statistically measured and analysed (McLeod, 1999). In recent years this approach has been criticised in relation to human science and a 'new paradigm' approach to research emerged, based on hermeneutic inquiry that requires the researcher to place text within an interpretive framework of meaning. Qualitative research is founded upon a phenomenological position that seeks to understand how people interpret the world, by examining the words they use, finding patterns within those words and presenting them to others, whilst staying with the meaning of the experience as the speaker originally constructed it (Maykut & Morehouse, 1994).

Quantitative research methods using questionnaires, rating scales and measurement and analysis of variables which are then statistically analysed and interpreted would not have captured the subtle qualitative essence of the language and experiences of the interviewees which comprise the data for this study: *"Human situations are too complex to be captured by a static one dimensional instrument"* (Maykut & Morehouse, 1994, p27). A qualitative study was therefore seen as offering the best means of discovery about lived experiences. Factors such as time available for the study and the researcher's preferences and understanding of methodologies were taken into consideration. A phenomenological approach, utilizing the constant comparative method of data analysis, derived from the grounded theory of

Glaser & Strauss (1967), was selected as the most suitable research method for the study, to allow for an emergent design whereby data could be collected then analysed, allowing the research to be re-assessed as data emerged.

A small, purposive sample was decided upon in order to keep the study manageable and to do justice to participants' contributions (McLeod, 1994). Semi-structured interviews were used as the data source and these were later transcribed and coded into short meaning units of narrative. As the aim of the study was to focus on counsellors' subjective thoughts and experiences around regulation, a highly structured interview schedule was thought inappropriate and possibly unhelpful as it could inhibit the dialogue and become the focus of the interview, especially if all the questions needed to be asked (Maykut & Morehouse, 1994). These authors suggest that a semi-structured interview offers the opportunity for a "*rich discussion of thoughts and feelings*" (Maykut & Morehouse, 1994, p80), facilitated by allocating up to one and a half hours for the interview, thereby allowing "*prolonged engagement*" with the interviewee (p80). An unstructured interview would not have necessarily addressed the focus of the study nor the researcher's interest (McLeod, 1994).

The constant comparative method of data analysis was used (Goulding, 2002; Maykut & Morehouse, 1994) to facilitate the identification of concepts and category headings as they emerged and further refinement allowed for the development of 'rules of inclusion' which served as propositional statements,

reflecting the meaning in the original data within the categories (Maykut & Morehouse, 1994). Following these procedures also enabled an 'audit trail' to be established, tracing initial ideas to research outcomes (Lincoln & Guba, 1985), which included discovery charts of each interview and catalogued units of meaning in each category, examples of which are included in appendices 7 and 8.

3.2 Sample

Rather than random sampling, the sample for this study was purposive – whereby the researcher already has some knowledge of people and selects those likely to produce the most valuable data (Denscombe, 1998). The participants were homogenous in that they shared certain experiences and attributes – criteria that were relevant to the research question (Willig, 2001), but also included variation to represent differences in the phenomena (Maykut & Morehouse, 1994). The criteria for the sample included:

- Must hold Diploma in Counselling
- Must be currently working within NHS primary care
- Must be receiving regular supervision

The research project was advertised via posters (appendix 1) within the counselling departments of three different NHS trusts and open discussion amongst colleagues. A participant selection pro forma was devised (appendix 2) and people willing to participate were invited to contact me. Respondents

were then sent a letter (appendix 3) outlining the study and inviting them to complete a questionnaire (appendix 4) designed to identify maximum variation for the sample (Maykut & Morehouse, 1994) but with no obligation to be interviewed. From the 11 returned questionnaires I was then able to select a sample group of six people who were willing to participate in the study and who represented the widest cross-section of age, gender, theoretical orientation, length of experience and accreditation status available within the criteria (Table 1).

Table 1. Research Sample Group							
ID	Age	M/F	Orientation	How Long Qualified	How long In NHS	Previous NHS Role	Accredited/ Registered
A	50-54	F	Person Centred	3.5 years	3 years	Yes	No
B	50-54	M	Integrative	6.5 years	2.5 years	No	No
C	55-59	F	Person Centred	3.5 years	9 months	Yes	No
D	55-59	F	CBT	11 years	7 years	No	No
E	35-39	F	Integrative	16 years	3 years	No	Yes
F	55-59	F	Integrative	13 years	10 years	Yes	No

3.3 Data Collection

Following sample selection, data was obtained by audio-recorded, semi-structured interviews, a method widely used in phenomenological research (McLeod, 1994). An interview guide was devised based on Patton’s (1990) question typology and included a background/demographic question to enable

the researcher to characterise and contextualise each interviewee, and clarify variables in addition to the information provided in the questionnaire (see appendix 6). This question also facilitated beginning the interview with an open, non-controversial question framed in the present, before moving onto more probing questions later in the interview, when rapport had been established with the interviewee (Maykut & Morehouse, 1994). My aim was to use a flexible interview structure that would facilitate provision of information relevant to the focus of the study (McLeod, 1994). A pilot interview was conducted to 'trial' the format of the guide and make any necessary adjustments. This also gave the researcher an opportunity to experience conducting a research interview, using the recording equipment and phrasing and timing the questions. The pilot interview did not contribute to the research data but proved a very useful learning experience for the researcher.

The interviews took place over a number of weeks, at dates and times convenient to the participants. Each interview took on average one and a half hours and was tape recorded and later transcribed by myself. Participants were given written information about the study beforehand (appendix 3) and were offered the opportunity to raise any concerns and to give informed written consent before the interview commenced (appendix 5). The interviews were conducted away from the work place to avoid potential identification of participants and all interviewees were aware of their right to withdraw at any time.

Each interview commenced with a question about the current context of the participant's NHS work as already discussed and progressed in a flexible, non-leading format, using the interview guide as a framework for exploring experiences as the dialogue ensued. My counselling skills were used in reflecting and clarifying the meaning of participants' responses (McLeod, 1994). Notes were not taken during the interviews by the researcher but personal reflections and observations were recorded in the researcher's journal as soon as possible after the interview, adding to the overall data obtained (Maykut & Morehouse, 1994).

3.4 Data analysis

Maykut and Morehouse (1994) see data analysis as understanding more about the phenomenon being investigated and describing what is learned with the minimum of interpretation. They cite the work of Strauss and Corbin (1990) who identified three methods of data analysis: presentation of data without analysis; selection, interpretation and reconstruction of the data into a 'recognisable reality'; and interpretation and abstraction of the data to develop a theory about the phenomenon of interest. For the purposes of this study, the semi-structured interviews were analysed in terms of the second of these approaches, using the constant comparative method derived from grounded theory (Maykut & Morehouse, 1994).

The interviews were transcribed and then analysed using an inductive rather than deductive approach – the data were not grouped according to pre-determined categories but via a process of inductive reasoning – what became important to analyse emerged out of the data itself (Maykut & Morehouse, 1994). Discovery charts were drawn up relating to each interview and incorporating recurring themes, phrases and concepts. This proved a useful process, along with notes in the researcher's journal, to begin to collate and analyse the vast amount of data obtained (Maykut & Morehouse, 1994). Each interview was transcribed and printed onto different coloured paper – one colour for each interview. Using a constant comparative method, units of meaning from the transcribed interview texts were inductive category coded simultaneously. Further units of meaning were subsequently categorised and coded, new categories formed and categories continuously refined as the researcher created a reasonable reconstruction of the data that included significant themes. Having the units of meaning on different coloured paper enabled the researcher to develop a very visual categorising system which could be easily moved and refined whilst making individual participants contributions easily identifiable. Categories were then grouped by writing 'rules of inclusion' which served to identify or exclude certain data by distilling meaning into that category – a propositional statement (Lincoln & Guba, 1985). The completed rules of inclusion represent the outcome propositions of the research (Maykut & Morehouse, 1994) and were grouped into five main headings: Perceptions of regulation; Awareness and experience of regulation;

Self regulation and autonomy; Professional issues; Intra-personal issues. These are discussed in more detail in the Research Outcomes section. This process can be summarised as follows:

- Inductive category coding/simultaneous comparison of units of meaning
- Refinement of categories
- Exploration of patterns & relationships across categories
- Integration of data resulting in presentation of understanding of people & topic being researched

(Maykut & Morehouse, 1994).

Detailing the research design, methods, analysis and outcome presentation in this way invites consideration and scrutiny of the work and contributes to the trustworthiness of the research.

3.5 Provisions for Trustworthiness

McLeod (1994) discusses various criteria for establishing validity and trustworthiness of research and asserts that a central aim of all qualitative research is to “*achieve a rich, holistic description of the topic being studied*” (p99). He argues that an important part of this is the extent to which such an account feels authentic and real. For Strauss and Corbin (1998) the degree to which a detailed and coherent account of the research is supplied is a key criterion as it enables the reader to gain understanding of how the data was developed and to follow through the research process and the researcher’s

thinking and conclusions. Although grounded theory is context specific, this makes provision for the research to be replicated under similar conditions.

With regard for these criteria, the procedures for data collection and analysis in this study include several elements which address the trustworthiness of my research findings. The purpose of the study is explained and the method of sample selection. The use of the constant comparative method of data analysis allowed me to keep an audit trail (Lincoln & Guba, 1985) of my work which includes transcripts of the interviews, unitized data, field notes and research journal and supervision notes. The research was discussed with my supervisor and other colleagues during the process of undertaking and writing up the study in order to minimise personal bias and attain a reasonable degree of objectivity - Strauss and Corbin (1998) acknowledge that complete objectivity in research is not possible and an element of subjectivity will be present. Maykut and Morehouse (1994, p21) assert that qualitative research is a process of discovery based on *'close observation, careful documentation, and thoughtful analysis of the research topic'* from which emerge contextual findings rather than sweeping generalisations. Validity in qualitative research based on discovery or an 'emerging paradigm' (Lincoln and Guba, 1985) is seen as different from traditional positivist paradigm research based on hypotheses and proof.

As mentioned previously, I have prior experience of working within a regulated profession (nursing) so an important aspect of the trustworthiness of this research was to recognise and address issues of personal bias. My aim was to approach the subject from a position of awareness of personal prejudices and viewpoints, in order to set those aside and investigate the phenomenon from an open perspective that was receptive towards others' experiences and meanings – a process of 'epoche' (Maykut and Morehouse, 1994).

McLeod (1994) suggests taking drafts or parts of the research back to informants for comment to support the legitimacy of the findings. In practice, all the interviewees were offered the opportunity to read their transcripts but all declined. I was able to present my conclusions to two of the group, who agreed the findings were accurate.

3.6 Ethical considerations

The British Association for Counselling and Psychotherapy's (2002) *Ethical Framework* specifically addresses research issues, stating that there should be rigorous attention to the quality and integrity of both the research and dissemination of results, that participants' rights should be respected, particularly regarding informed consent and the right to withdraw, and the research methods must not harm participants. It was this researcher's intention to work consistently with these ethical considerations in mind by, for example, providing clear explanations for participants about the structure and purpose of

the research, how confidentiality would be maintained, how data would be stored and disposed of, obtaining informed consent for tape recording interviews and ensuring participants had support via supervision for any issues which arose from the interview. Interviewees were also offered a copy of their interview transcript.

BACP's (Bond, 2004) *Ethical guidelines for researching counselling and psychotherapy* also raises important issues for consideration, particularly in respect of protection of participant identity. My research topic explored participants' private thoughts and experiences with the aim of generating knowledge that might be disseminated to a wider audience. It was therefore important to ensure interviewees were aware of and specifically consented to that and that their contributions were suitably anonymised, although Bond (2004) acknowledges that managing those aspects of research can be challenging. He offers a summary of good practice (p10) which I have attempted to adhere to and also points out that some research approaches are suited to producing generalisations, whilst others offer insight into context-specific situations. Whilst both contribute to knowledge, research design needs to support the findings and any subsequent recommendations. Although this study is clearly context-specific, I am aware that the findings could be extrapolated and would therefore suggest further research to explore the validity of those findings in relation to other arenas.

McLeod (1994) points out that it is impossible to design ethically neutral research and Elliot and Williams (2001) acknowledge that in qualitative inquiry, the researcher is an integral part of the process – a ‘bricoleur’ and needs to develop the capacity of reflexivity in order to be aware of and acknowledge bias. Having already recognised a degree of personal bias around the subject of this research, I see research supervision as a vital tool in developing that reflexivity.

3.7 Limitations of the study

This is a small scale study, planned with a small interview sample in mind and constrained by the time and manageability of one researcher. In terms of a thorough study, the sample size may not reveal a true representation of the subject area – Maykut and Morehouse (1994) refer to the ‘saturation point’ in data collection whereby no new information is uncovered. They cite Lincoln and Guba’s (1985) work which concluded that saturation point could be reached with as few as twelve participants. In terms of this M.A. study, that was not feasible, so in that respect, the study is limited. The size and nature of the study meant it was unlikely to provide general truths. With open-ended questions and a semi-structured interview style, some respondents gave more information than others. However, it is possible that the outcomes of this research may form the basis of further research to gain deeper understanding and more formal evaluation of a dynamic topic. An important aspect for me was to recognise my personal bias which has already been noted, and to minimise it

as much as possible, working with the philosophy that other people's views and experiences would be different to my own and to therefore ensure that they were accurately represented.

4. Research Outcomes

4.1 Summary of Interviews

This study explores the perceptions and experiences of NHS primary care counsellors with regard to the issue of regulation. Following analysis of the six interview transcripts, twelve initial category groups emerged. The category groups were further subsumed into five outcome groups, each of which reflects a distinct theme in relation to the research topic and which illustrates the research outcomes:

Perceptions of regulation

- *Counsellors acknowledge regulation as needed but have varying perceptions of the concept*
- *Counsellors feel that there are problems inherent in the regulatory process*

Awareness and experience of regulation

- *Counsellors demonstrate a lack of consensus in their awareness of the influence of central Government and the NHS on counselling*
- *Counsellors experience 'internal' regulation within NHS and departmental expectations which impacts upon their practice*

Self regulation and autonomy

- *Counsellors view self regulation as an integral part of the therapist's role*
- *Even within the NHS regulated context, counsellors experience a degree of autonomy in their work*

Professional issues

- *Counsellors see accountability as an integral part of their work*
- *Current counsellor training courses are felt to be disparate and need to be standardised to be comparable with other professions*
- *Counsellors feel other aspects of counselling need to change to become more professional*

Intra-personal experiences

- *Counsellors want to feel validated and respected in both their work and themselves*
- *Counsellors experience a range of responses to the impact of regulatory issues*
- *The experience of working in the NHS leaves counsellors with ambivalent feelings*

Analysis of the interview data is now presented. Each category group and the supporting rules of inclusion will be presented with catalogued interview extracts which identify the source of that data. For example, A:7:2 refers to interview A, response 7, page 2 of the transcript.

4.2 Perceptions of regulation

Counsellors acknowledge regulation as needed but have varying perceptions of the concept

When asked what regulation meant to them, counsellors' perceptions of the term were varied. For some who had previous experience of working within a regulated profession, it was a familiar term, easily defined and transferred to the counselling arena. For others, it seemed more personal; something to reflect on and a meaning emerged as they spoke.

The word regulation for me from my nursing experience is very familiar in that I have had to undergo recognised examinations and my main qualifications are recorded on a statutory register and incumbent upon me is a certain amount of training per year. A:7:2

...somehow making standards and ethics more of compulsory legislation.... finding ways to enforce the code of ethics so that you have to adhere to it or you would be professionally disciplined in some way. B:7:2

Well the first thing when you said it was fire, fire regulations (laughs). Erm...regulation.... I suppose regulation means to me the rules I have to abide to from the NHS perspective and from the BABCP so I would have to abide by their rules ethically with my clients, so that's what it means I suppose. D:5:1

Being regulated by the NHS, the clinical governance and their policies, being regulated by the BACP and a self regulation really, so I don't see it in just one area basically. F:5:3

Regulation was seen as a way of establishing a clear 'benchmark' in terms of qualification that would be recognisable and less ambiguous to both other

professionals and clients, and could thereby offer some level of security for practitioners, their clients and employers.

Things could begin to get established, what is the norm? B:15:5

It takes away that ambiguity about, oh, what is your counselling qualification, what have you got? A:24:6

It is a new profession and perhaps not particularly understood by the public in general and I'm sure it would bring them some sort of security perhaps. C:12:2

It would be good to have it regulated, to know that that bench mark is in place and there is no ambiguity, it's quite clear who I am, the qualifications I have, what I have to do to maintain those qualifications and it's therefore clear to a prospective employer and also to members of the public who might want to know. A:40:12

When looking at the rationale for regulation, counsellors expressed a variety of opinions, and despite the possible extra work involved, saw it as a means of protection both for the client, as commonly held, but, significantly, also for the counsellor.

Being sued is just the same for malpractice so if the point of this is to cut down on the cases where they have grounds for compensation, it protects medical practitioners so therefore ought to protect us too. B:45:14

For good practice basically because we can all be asked to do things that are not following good practice. F:12:6

You have to be constrained by laws and regulations for everyone's protection and the more it's laid down as an absolute rule the less of that kind of behaviour there is, arrogant behaviour. B:26:9

Extra work for the counsellor to go through whatever's needed to be regulated but also protection for the client. C:12:2

...a kind of advisory friend in high places which we certainly haven't got. B:16:6

When reflecting on the notion of regulation, counsellors wondered how it might be structured, who would be responsible for endorsing it, how those people might be selected and how it might be implemented.

I would be very cautious about using just one model. I think we would need lots of models and I am aware there are more bodies than BACP so it would be about looking at other models and taking parts from each perhaps, in order to form that governing body.

A:38:11

Who would police it? To be truthful with you, I haven't thought this through.

D:37:10

How would those people who were going to devise the method by which I could be regulated and placed on a statutory register, how qualified would those people be to form those criteria?

A:37:10

It depends what this regulatory body wanted really and expected and how they wanted to put it into place. I suppose I'm just seeing it as accreditation, it might not be what they expect, it might just be a process of keeping up to date.... having to prove that you've done so much to keep up to date, so many hours.

C:36:8

Although counsellors supported accreditation as a probable integral part of regulation, they felt it should not be the main or only criterion and reflected on other issues that could possibly be included in the regulatory process.

If you do a degree that's telling your employer that you're up to a standard and I think the thing I like about accreditation is experience; you have to have done so many hours.... been supervised for so many hours. You also have to have a qualification so I think that's really important.

D:30:8

What it does is prove you've jumped through the hoops and do the right things and I'm not saying that jumping through those hoops isn't a difficult process because it is, and you do have to.... I suppose jumping through the hoops does make you a much more responsible practitioner because you have to reflect on what you're doing and go through the accreditation process.

E:13:6

I'm all for monitoring the service and I think that bad counsellors get us a bad name.... We're dealing with very vulnerable people that come to counselling and do need protecting, but I personally don't think it should just be done by accreditation.

F:23:9

I think part of regulation is that people have a fixed amount of therapy themselves which again I think is absolutely vital.

B:11:3

I would hope that whoever the employer is that they would ensure that a certain level was being attained and that person was competent, working within the guidelines.

C:18:4

Counsellors see problems inherent in the regulatory process

Viewing the accreditation processes of some of the professional bodies as part of regulation, counsellors thought the methods currently in place to assess practitioners could be improved upon and also expressed some negative views around the undertaking of accreditation.

What goes into qualifying you as a practitioner, video tapes, audio tapes of sessions, it would be better if the accreditation process was going on in the same way so that you can actually see what someone does in a session, their blind spots and all the rest of it. B:29:10

I know of a number of people who are not accredited and are not intending going for it and are very very excellent at what they do. F:22:9

Well it's expensive. B:27:9

There's quite a bit of work involved in that and I don't feel at the moment that I want to do that. C:27:5

Because I don't intend to go down that line, it doesn't mean I'm not as good as somebody who is accredited. F:15:7

Counsellors felt that accreditation and regulation were fallible processes that were questionable in terms of public protection.

Even if you had tapes or videos, it doesn't say how that counsellor....always works. I don't quite know in what way it could protect the public really. C:35:7

If I was an accredited counsellor it wouldn't stop me practising if they said we're taking your accreditation away. F:18:8

I think it's a bit of a farce....the arguments put forward for regulation generally are it's to protect the public, but just because you're accredited and have been practising for years, how does that make the public more protected? E12:5

(Re: Shipman) he was a member of the BMA and they weren't protected were they? F:21:9

There was some concern about current practices within the professional bodies and negativity towards regulatory issues. The ease with which disciplinary measures can presently be avoided was also recognised.

If you get a complaint and it's heard, it's published in the journal with your name and you're torn to pieces....not about respect, it's as though they're going to make an example of everybody who comes up and there's no way of redressing that once it's been thrown at you. B:16:6

This whole thing about regulation then goes into a police state sort of situation which really bothers me. E:16:7

Psychologists..... I think they're used to following these [regulatory] criteria and....they're like an anathema to a lot of counsellors. E:11:5

We were seriously criticised for breach of the code of ethics and I promptly left the BACP.....rather than face the criticism, so I side stepped and we shouldn't have been able to do that. B:8:2

4.3 Awareness and experience of regulation

Counsellors demonstrate a lack of consensus in their awareness of the influence of central Government and the NHS on counselling

Some counsellors showed greater awareness than others of Governmental influence on counselling via the NHS, particularly those counsellors who worked within a managed service, as opposed to the freelance 'in house' counsellors.

We have to be doing what the customer wants....efficient, quicker, clear, it's like a service and that's coming from the Blair camp I'm sure it is. B:37:12

Evidence based practice – I'm conscious that that's around in the NHS and that's being used. E:7:2

I'm quite surprised how much I know about this that I didn't know I knew. B:46:15

If central Government said everybody needed to be accredited that's in the NHS then that would have to happen basically. F:23:10

I don't think central Government for me has had a great deal of influence.....other than the way in which funding has been more available for the GPs to choose how that funding is going to be received. A:32:9

I'm not sure what you mean by clinical governance. C:39:8

There was some awareness of the influence upon counselling of Government policy regarding evidence based practice and one counsellor noted similarities between the experiences of other regulated professions and the NHS. In terms of the influence upon counselling generally, another person felt that the experiences of counselling in the NHS could be replicated elsewhere and in that sense, could be seen as a fore-runner of counselling practice.

That's what I understand by regulation coming from that place which is impacting on policy decisions.....where we work [Re: Treatment Choices document.]
E:31:11

They could well say in the future that we only want CBT people to work in the NHS.
F:26:10

As far as teachers and the police are concerned, their procedures are being tightened up and I guess the same is happening in the NHS with central Government rules and regulations.
F:23:10

Maybe not just within the NHS, it might be the path that it takes as a profession possibly, but the NHS is the fore-runner of all that. [Re: accreditation and regulation.]
C:15:3

Counsellors experience 'internal' regulation within NHS and departmental expectations which impacts upon their practice

There was a sense of the counselling model not being recognised within a service context based on the ethos of other mental health disciplines and of counsellors having to 'fit in' with a different model.

One of the problems....is that we're expected to all be part of a body of psychologists and to some extent psychiatrists....and we don't think....don't work the same as them at all.
B:20:7

There's a lot of prejudice and ignorance about what counsellors do, so rather than find out, they're kind of imposing a structure on us and we have to conform to their sense of what's best.
B:18:6

There's a clash between what they want of you and what you could do professionally....but it's not the way you work.
B:19:7

Some of these perceived impositions could be viewed as originating from Governmental policy being implemented at local level.

Because of clinical governance issues we are expected to carry out certain procedures. F:5:3

Working in the NHS.... it's time limited, again that's a regulation. F:8:4

In the NHS yes, it's imposed on me....brief cognitive behavioural therapy. D:20:5

One woman came with panic attacks....and I just worked with her. It didn't cross my mind to send her for cognitive behavioural therapy....then afterwards....realised that probably she was somebody I should have, according to them, referred in and I found that a bit disconcerting that....because I've got a humanistic approach, I'm not supposed to work with those kinds of people. E:9:3

Things you wouldn't even think of, like being told make sure you put it in the notes, ask permission to use their Christian name....get a form ...to state goals....spell out for them how this might make things worse....likening counselling to a medical model. B:44:14

Other aspects could be viewed as related to individual local departmental or Trust policies to which counsellors have to accommodate in their work.

I counted up the other week that there are 7 procedures I needed to go through before I saw a client and that felt quite heavy. F:13:6

Photocopying everything even if you just send a second appointment....everything has to be duplicated, put in the back of a file. I find that tedious and time consuming. D:17:5

Appropriate note taking, we are obliged to have supervision twice a month, certain things we have to do. F:6:3

One of the things imposed on us is where we work. D:23:6

There was some criticism of the rationale behind some of the policies impacting upon counsellors and the subsequent pressures experienced therein.

They seem to want the evidence more these days which didn't seem apparent years ago, so that's why I feel we get bogged down with paperwork so much. F:24:10

It isn't exactly working....you're providing this...service, you're also receiving all the kicks....although it's very consumer led there's a lot of people wasting sessions. B:37:12

I'm sure all these other approaches are probably quite effective for certain things that people suffer with, but I find all of this very shallow because it's about fixing people. E:11:4

I think one of the most difficult things to do is maintain confidentiality. D:17:5

I feel my work now carries far more administration....so that puts another sort of pressure on. D:50:14

However, there was also a positive view about the experience of working within a departmental context.

Working there does raise your standards of communication and everything that comes with that. Things.... problems are dealt with more efficiently when they come up. B:6:2

4.4 Self regulation and autonomy

Counsellors view self regulation as an integral part of their role

Counsellors felt that self regulation was an embedded, integral part of the work they did, manifesting itself in different aspects of that work.

It's up to the counsellor to attain their own levels of competency and training. C:18:4

If you have loads of 'stuff'.....that you've never dealt with in therapy, you've got huge potential to act out with your client [regulating own attitude and behaviour] B:11:3

I'm actually part of the regulating process as far as trainees are concerned so I'm being regulated and I'm regulating others....there's a self regulation. F:11:5

Even within the NHS regulated context, counsellors experience a degree of autonomy in their work

Counsellors recognised that there was some freedom and flexibility to work autonomously within the NHS context, however this seemed more apparent for

those working as 'in house' counsellors than for staff working within a managed service.

Within the surgery I'm in, there's a greater autonomy given to me really, not just in a freelance way but in terms of my judgement and that I can see clients for as long as I feel necessary. C:46:10

I'm not subject to any time limitations whatsoever, I'm pretty much free to work the way I want to work. A:4:1

It's up to me to know my own levels of competency and my own understanding of mental health issues, when it's right to refer on or to consult the GP or the mental health team or if I feel another avenue is more suitable. C:39:8

I am quite relieved that I don't have much contact with [hospital counselling department] because I just do what I do when I'm in my practices. E:11:4

4.5 Professional issues

Counsellors see accountability as an integral part of their work

Both in NHS and independent work, counsellors expressed an acknowledgement of their work being accountable to referrers and professional bodies and felt that this accountability was fundamental to the concept of what being 'professional' meant.

To be treated as professionals we have to be accountable to other professionals. B:9:3

The ultimate knowledge that I'm answerable to the GP. C:47:10

In my independent workI don't have an NHS or line manager so it's got to be the BABCP, particularly in independent work you need something like that. D:36:10

Liaising and communicating with GPs and referrers was seen as standard professional practice within the NHS context.

I think it's very important that the GP knows what's going on in my sessions....to know what's going on for that client because....we're working short term, brief stuff and the GP has to follow on with that. D:12:3

If the client goes back....the psychiatrist or GP will know where you're up to....a letter at the end is informative for them. D:14:4

There was also recognition of the need to carefully document work, should that work ever be questioned or the practitioner called to account.

I always put down in the notes that I have told the client the areas where confidentiality can't be kept, so that's recorded. F:1:1

All of these things are going to become far more important with our contract, with what we have said and what we wrote down, what we agreed on, what we said couldn't happen, that's all going to come into the limelight because people are pursuing a claim against us. B:14:5

Counsellors felt that there was an inherent risk of clients experiencing poor practice from 'bad' practitioners and that the movement towards regulation, with counsellors being answerable and accountable for their work, was therefore seen as positive in regard to professionalism.

It's the same for them as patients and clients as if they were going to a doctor or solicitor, they can fall foul of bad practitioners just the same. B:9:3

It's about being accountable to a statutory body, a professional body that lays down the criteria. A:42:13

If it breaches the code of ethics, it breaches it.....just like if you're a doctor or a solicitor, you're vulnerable to doing wrong things which you have to answer for. I don't see why counsellors shouldn't have to and I'm quite pleased that it's moved in that direction. B:8:2

Current counsellor training is felt to be disparate and needs to be standardised to be comparable with other professions

Training was felt to be an important issue as it was seen as the very beginning of a regulatory process that might encompass a statutory register of qualified practitioners.

[Training] that's an integral part of making any statutory qualification that would sit upon a register, that is almost the beginning of that process. A:43:13

I think certainly in course content and length of training there should be a standardisation. A:43:13

There was some concern that the current situation does not offer a 'base line' qualification standard and there seems no way to differentiate between qualifications, nor to establish competency levels, especially in practitioners who qualified some years ago.

.....a loophole to not having explicit qualifications investigated.....perhaps peoplewho may have trained many years before....but may still be working as counsellors but who knows at what level?
A:5:2

I have undertaken an accredited course.....I am also aware I could be working alongside people who haven't.....and can still call themselves counsellors.
A:10:3

Training standards were seen as relating to more than just academic learning; personal development and experience of clinical practice were felt to be important elements of a standardised, robust training.

Maybe even more so than the academic aspects....the personal relationship the counsellor has developed and what she brings into the relationship, into her work often more than the study and the knowledge really.
C:34:7

Theoretically based yes, butit's got to be married up with clinical practice....proveyou've done training....done the experience, put that together and I feel quite strongly that that's where we all should be looking.
D:45:12

The establishment of a 'core' qualification was felt to be the baseline beyond which, counsellors could then proceed with other training, and that such standardisation would add credence to the professional aspirations of counselling. It was also felt that there could be more clarity for employers who presently may not be able to differentiate between training course and qualifications.

There will be core training and people might want to go off.....become eclectic.....but there is astandardisation of baseline qualification.....before one can call oneself a counsellor.
A:44:13

There's something about encouraging the professionalism of the counsellor.....not detracting from my qualification.....by diluting those qualifications when people who haven't worked to that level can also call themselves a counsellor and be employed by people who perhaps are not aware there is such a difference between certain types of training. A:26:7

Counsellors feel other aspects of counselling need to change to become more professional

Counsellors wanted to be seen as professionals but felt that at present, their qualifications were not held in high regard and that the absence of a central register detracted from counselling being recognised in a professional capacity.

There's an unspoken professionalism in the body that oversees the nursing qualifications and maintains that register and it perhaps feels that that is what is missing in counselling, there isn't that professionalism about it, both from the point of view of not having that statutory body and also that anybody can say they're a counsellor. A:25:7

Compared to other professions, regulation within counselling was felt to be a 'loose' term, that there were no checks made regarding a therapist's fitness to practice, no register which employers could check and no way of clients checking a therapist's professional record.

[Regulation] the term feels very loose in the context of counselling....other than having a recognised qualification.....I haven't been asked for any other evidence of my fitness to practice.....there is no statutory responsibility that I have to fulfil in order to practice. A:9:3

There is no recognised body.....to whom my employers can turn and ask for verification of those qualifications. A:15:4

And they're on a register...at least you can now look on the internet at their success....how many operations this person's done.....there's somebody looking at how they are achieving what the patients want. D:32:9

The currently perceived lack of support for counsellors who are complained against was also seen as an area where improvements could be made to make the process more professional.

It's like something out of a science fiction story, like Kafka, where it all comes down on your head and there's no court of appeal and no one to help you.....seems like it should be more....'until proven guilty' rather than 'no smoke without fire'.....I feel the professionalisation bit of calling somebody to account for something should protect their interest until it's proven or shown to be true.

B:17:6

Making processes such as accreditation less optional and more of an expected and integral part of an NHS job was seen as a way of enhancing the professionalism of counselling.

Either you're accredited already when you take a job or there's an understanding that you'll deal with it within the appropriate time limit and if you don't then you could be vulnerable to dismissal because you haven't fulfilled the professional aspect.

B:24:9

There was concern that other NHS workers could offer 'counselling' without having completed counsellor training and that this devalued counselling. Regulation was seen as a way of distinguishing what counsellors do and allowing their work to be taken more seriously.

You can get a graduate worker coming in who has absolutely no idea and just do a bit of counselling and that's why I think our body needs to be taken more seriously, hence accreditation, regulations or this sort of thing.

D:46:13

4.6 Intra-personal experiences

Counsellors want to feel validated and respected in both their work and themselves

Reflecting on their current perceived status within the NHS, some counsellors felt devalued in their work. This was illustrated in one counsellor's example of working in a room beneath the female toilets, being able to hear people using the toilets and the ensuing impact upon her work:

My clients used to laugh and say this is a bit embarrassing isn't it, and you know.....I just think it's not conducive to therapy, it's trivialising it, it becomes a chat.

D:24:7

There was a recognition of the need for clarity regarding what counsellors do, the training they have undertaken and that their training was credible.

Who are these people that sort out people's heads?.....it's important that we get some credibility. D:44:12

It would give me more of a feeling that we are a body of professional people and not someone who went to be a counsellor because they couldn't get on a flower arranging course. D:28:8

Bernard Manning joining the (then) BAC was cited as an example of how easy it was for someone to set themselves up as a bogus counsellor:

Bernard Manning....that's not the joke it seems.....people should be able to know that they're not going to see a Mickey Mouse counsellor who's just in it for the money. B:23:8

The current lack of regulation or statutory registration left one counsellor feeling insecure and needing to prove her practice was valid:

The word that came to me then was an 'insecurity', almost because I need to prove, I need to say, this is how qualified I am, this is what makes me fit to practice. A:16:4

It seems to be for me sometimes to be a need for me to prove the validity of my practice. A:17:4

Another counsellor felt that needing to be validated was linked to a perception of powerlessness within the NHS structure:

I feel that it's something that we have to do because I don't think we have that power because we are a spurious group of people. D:44:12

Counsellors felt that the accreditation and regulation processes could offer a means of gaining credibility, validation and recognition of themselves, their skills and their needs as practitioners through which they could attain a degree of power and status as professionals.

Maybe acceptance in terms of how one is seen within the profession [re: accreditation] C:29:6

I think it's very threatening to people who've had power all these years. That [research re: humanistic counselling] evidence base....needs to be called on because it exists and.....it pays people in power to ignore it.....if it means pay scales have to change then that's right if it's based on the truth. E:23:9/24:9

You have more of a voice if you say 'my accreditation requires that I have so much supervision' now that cannot be argued with.....it's more power....it's getting the counsellors' needs met. D:41:11/42:11

Regulation was also viewed as offering value and authenticity to the role of counsellor which would be beneficial to clients too.

There's an authenticity about it because you have got that statutory qualification. A:23:6

It's not just about validating us, it's about validating our work.....it gives it more meat if we're accredited. D:35:9

It gives people some way of knowing they're not seeing someone who's a charlatan or a quack. B:23:8

Counsellors experience a range of responses to the impact of regulatory issues

Whilst counsellors recognised that there were already 'internal' regulatory processes within the context of their NHS work, they reported differing responses to some of those experiences and how they impacted upon them and their practice. Some felt that issues such as accreditation had little impact, for others it was felt as a pressure and for one accredited counsellor it seemed to make little difference.

No it's not imminent for me, it's not something I'd want to do at this moment. C:28:5

I feel I'm getting left behind, left in an inferior professional position, that most people have got it now. B32:11

It's like a black beast hanging over me. B:22:8

It doesn't help me at all in the NHS. E:18:8

Several counsellors reflected on a sense of pressure that they felt which manifested in various aspects of their work.

There are extra pressures and surveys going on....we know they need them for a purpose but that's a time that I feel under pressure. F:13:6

I was very disturbed by a meeting I attended.....I was asked why I didn't refer more people in to the Cognitive Behavioural Therapists....for anxiety or panic attacks....I was really shocked by that question.....am I supposed to meet a quota or something? E:9:3

It's put more pressure on me but unfortunately it hasn't been backed up with any support.....I haven't had supervision for 2 months because my supervisor's been away. D:48:13

The amount of administration required within the NHS was recognised as another source of pressure for some counsellors, whilst not for others.

I find the administration part of my work now is coming up to almost the same time as actual hands on clinical work and that can be a bit soul destroying. D:18:5

The main impact is that I can't do as much face to face work. I enjoy the work....I don't enjoy the paperwork.....I know it's necessary.....but it has taken some of the pleasure out of my work as a counsellor. F:28:11

No it doesn't impact on me, the paperwork doesn't bother me. What impacts on me....is the whole act of it, of it being there inbetween you and somebody else. E:27:10

Clinical governance issues were recognised as a form of regulation within the NHS but were felt to be an accepted part of practice.

One of the main things is client protection and I think clinical governance does the same kind of thing as well....as the code of ethics of the BACP so I haven't got a problem with that at all. F:11:5

Counsellors recognised that referral patterns impacted upon them as did the changes in NHS standard setting, which although designed to offer safety and choice to clients, could also leave counsellors feeling anxious and defensive.

I'm getting more people from secondary services, psychiatry.....enduring mental health cases.....that has had a huge impact on my work. D:47:13

I feel a lot more anxious now as a practitioner than I used to be because....there are all these things....this thing about making it safe for the public, sometimes makes you feel like you're a persecutor....on the defensive.
E:16:7

There's been a sea change within the NHS where it's becoming the norm
[standard setting] B:33:11

Counsellors seemed to respond to the impact of these issues in different ways.

For some there seemed to be a sense of feeling demoralised:

I read an article by Brian Thorne....I could really identify with what he was saying....how he felt he didn't feel he was going to last much longer in this profession because he didn't like where it was going and I'm with him 100 per cent.
E:35:12

I just do the hoop jumping, that's how I cope with it. E:25:10

Other counsellors saw these issues as an opportunity to learn and develop their skills, keeping themselves up to date and employable, both within the NHS and in outside work.

I've taken the CBT training now but I have to say that wasn't purely because I was working within the NHS. F:27:11

The experience of working in the NHS leaves counsellors with ambivalent feelings

Reflecting on their experiences of working in the NHS with its inherent 'internal' regulatory processes and responsibilities left counsellors with mixed feelings.

There was a clear sense of isolation and vulnerability for some.

It does feel a bit isolating and access to the team....isn't readily available. C:8:2

Sometimes I feel very isolated and lonely. E:35:12

I feel very vulnerable to the public....how you speak to them, how you handle their responses, it's become more and more complex. B:37:12

I need to be protected too. F:2:1

I had one person try to make a complaint.....and it's not nice, it makes you want to get out. I don't like this and I just want a normal job. B:40:13

Some counsellors felt 'looked down upon' by other NHS staff which contributed to their perceptions of not being valued.

Counsellors can be last in the pecking order of who gets the best room in a GP practice so if you've got Healthy Visitors or Nurses or whatever, the counsellor will get what's left and I wonder about that, why that is, which doesn't actually make me feel brilliant but that's the way it is. D:25:7

I just think you're doing the donkey work and I think really you're just looked down upon. E:23:9

There's a lot of snobbery in the Department and it's veiled and muted but it's certainly lurking in the shadow.....we're the poor relations and one side of that lobby gets to make the rules. B:20:7

Counsellors felt some of the new structures within the NHS were having a negative, restrictive effect upon them and the way they worked.

I used to feel a lot freer.....I feel restricted.....I used to feel counselling all those years ago was creative.....it's lost its creative edge because.....there are all these rules and regulations. E:17:7

We are getting sucked into a larger thing in society where people get large sums of money just by being wronged in some way.....Government and management is giving us means of protecting ourselves but more to the point, protecting them, the Department, rather than us. I don't feel very protected by it really. B:40:13

However, one freelance counsellor felt that there was some security in working for a large organisation which reduced the sense of isolation.

Being part of a bigger organisation even though in a freelance way, there is a sense of support and less isolation and some sense of security there. C:48:10

Another counsellor, working for a managed service, could see some benefits to the standards and structures in the NHS but still felt they were intrusive.

There are some good things, I can see that it's useful, but the minute you give somebody that consent form.....it's like some bloody contract, I'll give you that, now you're protected, you're safe from me because I could harm you..... and that makes me feel horrible. E:27:10

Some counsellors felt they gained more satisfaction and validation from their private work, away from the restrictions of the NHS.

Those other parts of my life outside of the NHS, that make me feel valued and validated as a counsellor. I feel I get more from those areas. E:22:8

I still enjoy the face to face work but I don't enjoy the job as a whole anymore, for me it's a joy to work privately. F:28:11

Counsellors seemed left with feelings of having to work differently as a result of NHS policies and regulations and that something fundamental to what initially drew them into counselling was being lost as a result of a process that was felt to be intrusive and business-like.

I feel like I'm adrift in the middle of the sea, I felt in terms of what I value about what I do, I don't feel I fit in any more. I used to, I used to feel I was part of something people were excited about, felt good about, don't anymore, don't, that's the truth. E:36:13

I basically wanted to be a counsellor because I liked it and I like working and you get sessions with clients who you work well with, I do still feel chuffed it's gone well.....but the whole structure of the NHS coming down on you like it does now, does kind of take the pleasure out of working as a counsellor.....if only I could have the guarantee of clients privately....there's no doubt I would prefer to work privately because.....everything is different. B:46:15

To me it just makes the meeting between 2 human beings more mechanistic.....and less human.....it's all a business isn't it? Really deep down it saddens me. E:27:10

4.7 Conclusions

From these interviews it seems clear that NHS primary care counsellors understand and experience counselling regulation in different ways. There seemed to be a generally agreed consensus that formal regulation of some sort was needed within counselling, but the form that it would take, who would administer it and how that might be undertaken were areas of uncertainty. Awareness of the influence of central Government and the Department of

Health was another variable. Regulation was seen as offering a way to establish recognised standards of qualification and training that could enable counselling to be viewed as a legitimate profession with inherent status and power. Training was felt to be an area where clarity and standardisation were needed in order to achieve parity with other professions.

Counsellors recognised accreditation by the professional bodies as a probable part of any regulatory process, but stressed that it should not be the only or main criterion and had some criticisms of the current processes for accreditation, seeing them as fallible and unreliable methods of assessing therapists' practice.

Interviewees recognised that working within the NHS involved being subject to 'internal' regulatory processes which had varying effects upon counsellors' practice. This variation seemed linked with counsellors' working contexts; having more impact upon those working in a managed service than those employed in a 'freelance' capacity. Some counsellors spoke of feeling vulnerable and needing to feel protected whilst offering a service to NHS clients who were part of the 'consumer culture'.

As well as impacting upon working practice, NHS 'internal' regulatory policies and procedures seemed to affect counsellors in very personal ways and there was a sense for some of feeling restricted, of not enjoying their work as much

as previously and, indeed, of wanting to be able to work more outside the NHS, this being perceived as offering the opportunity to work more creatively, more freely and not under the auspices of rules and regulations that were felt to be intrusive.

5. Discussion and Implications of Findings

The outcomes of this study give a detailed account of counsellors' perceptions and experiences of regulation within the NHS. I will now discuss those findings in relation to the literature, explore the wider significance they may have in contributing to the field and offer recommendations for further consideration. The previous chapter concluded with what seemed to be the most prominent finding and in prioritizing the outcome propositions, this was selected as the most important contribution with which to begin this discussion (Maykut and Morehouse, 1994), rather than following the presenting order of outcomes.

NHS counselling services, governed by the policies of the Department of Health, are presently probably the closest indicators of what future statutory regulation of the talking therapies might look like. Therefore it seems that the findings of this study can be seen as a useful reflection of that environment from the perspective of those who work in it.

The potential impact of regulatory issues upon counsellors' practice is an issue that has been debated and speculated upon in the literature for many years. One aspect that is frequently referred to is that of therapists' creativity and how that is seen as fundamental to the therapeutic endeavour. Indeed, Fransella and Dalton (1996, p156), in describing personal construct psychotherapy, state that the therapist needs to be versatile and creative: "*such creativity means the*

readiness to try out un verbalized hunches, and a willingness to look at things in new ways". Thorne (2002) fears creativity would be stifled if therapy were regulated, Spence (2007) argues that relationships are not risk-free and Brazier (2003) feels that current efforts to increase what security there is may hinder essential creativity. Postle (2007) explores creativity using Adaption/Innovation theory (Kirton,1989) and concludes that 'adaptors' are prone to self doubt, rarely challenge rules and prefer clear boundaries and to remain within an agreed consensus, whilst 'innovators' often challenge rules, have little self doubt and when faced with opposition, do not need consensus to maintain certitude. He feels that with regard to UKCP as a professional body, it represents a consensus that is skewed towards adaptivity, which reflects the NHS/medical model and those who work within it.

This study confirmed the hypotheses in the UK literature that regulation affects therapist creativity – the first time, to my knowledge, that such conclusions could be drawn from research data related to UK therapists:

I used to feel a lot freer....I feel restricted....I used to feel counselling all those years ago was creative...it's lost its creative edge because....there are all these rules and regulations (E:17:7).

As creativity is cited in the literature as an 'essential' attribute of therapeutic enterprise and concern has been repeatedly expressed by eminent commentators regarding the possible impact regulation could have on it, it would seem that this finding from the study offers an informed contribution to the regulation debate.

I was unable to find reference in the UK literature to the potential impact that working in a regulated environment might have on counsellors' feelings or morale – this appears to be an area that has not really been explored in relation to the issue of regulation, yet the study revealed that counsellors felt “vulnerable”, “isolated”, “lonely” and “adrift”; having to work differently as a result of NHS policies and that those policies could be experienced as intrusive – making the whole process more business-like:

...it just makes the meeting between 2 human beings more mechanistic...and less human....it's all a business isn't it? Really deep down it saddens me (E:27:10).

Several counsellors spoke of feeling that something fundamental was being lost, something that initially drew them into counselling, and that, if possible, they would have preferred to work privately, outside the NHS, as that was seen as “different”; a source of pleasure and validation which was no longer being gained from their NHS counselling work. However, given financial constraints, they were choosing to stay within the NHS. This would appear to support Postle's (2007) view of NHS therapists as ‘adaptors’ who respond by conforming to, rather than challenging, social pressure and authority. From these findings it would appear that morale amongst NHS counsellors seems low which has implications for the NHS generally. Current president of BACP, Professor Cary Cooper has been cited as saying that:

low job satisfaction can result in problems of ‘considerable clinical importance’, with huge accompanying costs for businesses in terms of lost productivity, sickness benefits etc (Draper, 2005).

I suggest that these findings convey information which could be useful for service managers to consider and should encourage discussion amongst those involved in the planning and implementation of regulating the talking therapies. At present, much of the debate within the literature seems to have been on the practical implementation of regulation and speculation with regard to the impact of regulation on therapists' practice; this study has revealed that at least as far as NHS counsellors are concerned, regulatory issues can also impact on them in a very personal way, leading to less enjoyment of their work and feelings of isolation and vulnerability – something that does not seem to have been afforded much attention to date. I would suggest that this offers further insight into the potential impact of regulation and that the whole arena of intra-personal experiences is one that invites further research.

The study revealed that counsellors working within managed services experience more 'internal' pressure to work within particular service or policy constraints which affect their practice, than the freelance counsellors, who perceive themselves as more autonomous. Although NHS standard setting is designed to offer choice and safety to clients, it also exerts pressure on counsellors who are affected by issues such as administration, audit and referral patterns. The current enthusiasm for Cognitive Behaviour Therapy (CBT) within the NHS raises questions regarding how counsellors can effectively respond to such referral demands both from a professional and personal stance (Hayman & Allen, 2006; Wills, 2006; Roth 2006; Williams,

2006). A theme which emerged from the study was that counsellors were left feeling “anxious” and “defensive” in the face of such pressures.

My sense from several of the interview participants was one of resignation, ‘having to get on with it’ and feeling demoralised. It also raised the question for me of wondering what impact regulation might have on areas like private practice, should counsellors decide to leave services like the NHS? Would the ‘grass’ necessarily ‘be greener’ elsewhere within a regulated profession?

A particular finding of this study was in relation to professional issues. Mair (1992) argues that the inherent danger in working within the medical model is that counsellors may begin to subscribe to the ‘myth of therapist expertise’, seeking the power and prestige of scientific, objective study that is afforded to doctors, and wonders if this is part of the quest towards professionalism. Baron (1997) asserts that *“counsellors and psychotherapists stand to gain a great deal from recognition and professional status. Power, authority and employment are just some of the gains to be named”* (p214). Beasley (2000) asks whether the identity of counsellors would be enhanced if counselling became a profession and suggests that professionalisation has not enhanced the identity of social workers in the minds of the public. He feels that belonging to a profession gives its members a sense of security and promotes specialisation in practice, which may be seen as elitism. In comparison, he suggests that vocations appear to have different perspectives and motivation –

working more out of commitment and inner persuasion. Is there then a place for the voluntary counsellor alongside the quasi-professional? Although both professions and vocations have differences in style and emphasis, they do share common ground and can be complementary, informing and enriching each other. In the push towards regulation and professionalisation, it would seem pertinent to consider the place of vocation within the world of counselling. Tantum (1999), in exploring the self-service of professions, feels that because there is a considerable expenditure of time, money and some loss of freedom involved in a profession, there has to be a reward provided by the power and influence of their work for practitioners, that these costs cannot be offset by altruism.

The findings of this study support the literature in this respect: counsellors expressed a need for validation, recognition and security with regard to their qualifications and linked regulation and the consequent professionalism with the attainment of power and status – credibility and authenticity were expressed as desirable outcomes of regulation. As well as viewing regulation as a means for client protection, as commonly held, it was also seen by participants as offering protection for the counsellor, particularly in the developing litigious, 'consumer culture' of the NHS in which some of the counsellors felt vulnerable and isolated.

The argument against counselling becoming a profession is highlighted by Mowbray (1999) who points out that the source pressure for statutory recognition often originates within an occupation itself, and that claims of client protection are often cited as justification for this. This would seem to be the case for counselling; until as recently as 2000, the Government appeared reluctant to engage with the idea of regulating the talking therapies; the impetus has come from the various professional bodies (Feltham, 2000). As part of that 'campaign', accreditation has increasingly been portrayed as an essential undertaking in the preparation for regulation (Aldridge, 2001a). Some study participants reported experiencing this as an additional pressure: *"it's like a black beast hanging over me.....I feel I'm getting left behind, left in an inferior professional position"* (B:22:8/32:11). There was also some criticism of the accreditation process, how representative it really was of applicants' work and also questioning how reliable it really was as a measure of public protection.

The study showed support for accreditation as an integral part of the regulatory process, which fits with the format currently applied by the recently announced regulator for counselling – the HPC - as an initial stage in registering members of a profession, but stressed it should not be the only criterion. Once registered, either via the voluntary registers of the professional bodies or through evidence of meeting training requirements, accreditation looks likely to make little difference – the HPC register contains only registrants' names, registration dates and approximate geographical area; it does not show individual

qualification, seniority or skill levels (HPC, 2007). At present, if and when regulation takes place, BACP plans to continue the accreditation scheme as part of the future role they see for themselves as a professional body for counselling and psychotherapy (Barden, 2007). One is left wondering what purpose accreditation will then serve if members are already registered?

A further finding of the study was in relation to training and standards which were seen as disparate and in need of standardisation in order to gain parity with other professions: *"I think certainly in course content and length of training there should be a standardisation"* (A:43:13). Participants felt concerned over competency levels and the many different qualifications available. With regard to training standards, the study revealed concerns that personal development and clinical experience needed to be taken into account, as well as academic learning. In terms of the HPC as the regulator for counselling, one of the criticisms being levelled is around the entry level qualification for registration being set at degree standard and counselling being broken down into a set of defined skills which does not take into account its philosophical base, 'art' and the personal qualities of the therapist (McFadzean, 2007).

Aldridge (2007b) reflects some of the current confusion amongst BACP members with regard to the notion of a core curriculum for counselling training and counselling becoming a graduate profession. There seems to be anxiety regarding what this might mean for counsellors already qualified and also

concern that the experiential aspects of training might be lost. The study identified a need for a 'baseline' in qualifications and competences but stressed that training standards were related to more than academic learning. In that way the study reflects the ongoing debate between the counselling and psychotherapy bodies to establish an agreed standard for training and qualification – a regulatory issue that as yet remains unresolved.

These issues seem to be raising concerns amongst the professional bodies who, having pressed for statutory regulation, now appear to be questioning the format the Government has decided upon. The psychologists' professional body – the BPS – having waited to reach the front of the HPC 'queue' for registration since 2003, now, along with the nine other professional bodies representing counselling and psychotherapy including BACP, seems to be expressing uncertainty over that organisation's 'fitness for purpose' with regard to regulating the talking therapies (Postle, 2007). Postle (2007) has argued that the professional bodies have been endorsing a 'mantra' that statutory regulation is inevitable and there is now anxiety that the reality of that is not what was anticipated.

The findings of this study would appear to concur with that 'mantra'. The participants shared a general view that the notion of regulation was a positive and probably inevitable step, even though levels of awareness of what it could actually mean and the role of the Government in that process varied

enormously. Musgrave (2006) argues that BACP's journal 'Therapy today' has carried limited information on the regulation debate and that interested observers would have had to seek information from other sources to keep up to date. NHS counsellors in the study appeared to have clear awareness of how these issues were affecting them and their practice within the NHS, but little knowledge of where some of the policies which affect them have originated or what direction the regulatory process is moving in. Thorne (2007), in his foreword to Postle's (2007) book, hopes that people will waken from their 'trance-like state' on this issue and begin to address the reality of what statutory regulation could really mean. Carrying out this research has led me to concur with him: my sense was that study participants began the interviews with what seemed at times a vague awareness of the issue of regulation, yet as the interviews progressed and they gave thoughtful consideration to the questions posed to them, informative views were shared, feelings explored and invaluable data gathered that serves to inform this ongoing debate. I offer my thanks to them for their willingness to contribute to an issue which will ultimately affect all of us who are part of the world of therapy.

5.1 Conclusions

This study began by asking counsellors what regulation meant to them in their NHS work. The findings revealed that levels of awareness of regulatory issues vary amongst counsellors, that they have differing concepts of what regulation might mean, but that as employees of the NHS, they already feel subject to

regulation of their work which affects them both professionally and personally. The study identified areas around regulation which reflect some of the current debate and also some which do not, as yet, seem to have been addressed – namely the subjective experiences and feelings of practitioners when their work is regulated and how that might affect them personally and professionally. On the basis of those findings, I would suggest that the intra-personal experiences of counsellors working in a regulated environment is an area for further research which could contribute to a fuller understanding of the implications of regulation for counselling and inform decision making. The impact of pressures regarding administration, audit and referrals for CBT is another area for exploration: how can counsellors respond effectively and what support might services need to consider to both retain staff morale and, indeed, staff? This would seem particularly pertinent if counsellors perceive other working contexts as less pressured and more desirable.

Other questions raised by this study might be to look at the place of vocational and/or voluntary counselling. Where does that fit into the regulated environment? How can a format for training and the standards therein be mutually agreed upon – a process that is currently being debated by the many and varied training institutions, and also what will be the future format and purpose of accreditation? These are just some issues raised from this study that could possibly benefit from future research and which are likely to affect all those who work in the context of the talking therapies.

5.2 Epilogue

Having now completed this study and considered its implications, it feels important to add something of my own personal experiences as researcher. This research began at a time in my life when I was engaged in long term personal therapy, beginning to implement changes in my life and was also working full time. The cumulative effects of which were that having completed the initial proposal, collated the sample group and recorded and transcribed the interviews, the whole project was then put aside for a period of a couple of years.

As a consequence of that process, when I did return to the study, I felt it was with 'fresh eyes' - the break allowed me to approach the data from a more objective stance than perhaps would have been the case if I had attempted to analyse it earlier. My experience was one of almost treating the data as new information. As the analysis progressed, I felt both overwhelmed at times by the volume of information I was examining and excited at the themes and issues which were emerging.

Once the analysis was completed, I then reviewed the literature to date and was immediately struck by the resonances with my research material. This was something I had not anticipated and I was both excited that the literature seemed to be supporting my research findings, and also somewhat shaken to realise that although the literature contained conjecture, opinion and

hypotheses, it appeared that there was no UK research on the possible impact of regulation on counsellors. This was an unexpected and disconcerting experience. I felt overawed at the realisation that the research topic I had selected several years earlier was now the focus of so much debate and had a sense that I was participating in and witnessing something that was going to fundamentally change the world of counselling in the UK.

In discussion with my supervisor, I shared these experiences and came to realise that even small scale studies can yield unexpected results and questions – part of the process of 'discovery' in qualitative research. When I designed the study, I had no idea what the outcomes would be, I was simply interested in the subject and what other counsellors thought and felt. Undertaking the research process has, at times, felt like an onerous task, but to recognise that even a small contribution to the field can be made as a result, makes it worthwhile and has left me with a feeling of excitement, satisfaction and purpose that I had not expected.

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VOLUNTEERS NEEDED FOR
COUNSELLING RESEARCH PROJECT!

COUNSELLING IN PRIMARY CARE?

**THOUGHT ABOUT REGULATION- WHAT IT
MIGHT MEAN TO YOU?**

WANT TO PUT ACROSS YOUR VIEWS?

**M.A. COUNSELLING STUDENT REQUIRES
PRIMARY CARE COUNSELLORS WILLING TO
BE INTERVIEWED FOR RESEARCH PROJECT
ABOUT REGULATION WITHIN NHS
COUNSELLING**

*(Anonymity & Confidentiality will be fully
respected)*

**PLEASE CONTACT JACKIE JARDINE
PSYCHOLOGY & COUNSELLING DEPT,
ST CATHERINE'S HOSPITAL, BIRKENHEAD.
TEL: 0151 604 7276 FOR FURTHER DETAILS**

Appendix 2

Participant Selection Pro Forma

The research project will be advertised via posters within the counselling departments of three different NHS Trusts, and open discussion amongst colleagues. People willing to participate will be invited to contact me with the following details and from this group I hope to select a sample of maximum variation, to include as many variables within these criteria:

- Counselling Approach
- How long qualified
- Years of experience as NHS counsellor
- Any previous experience working in another field within NHS
- Whether accredited or registered e.g. BACP/CPC/BABCP
- Age
- Gender

Appendix 3

Address, telephone and e mail contact
of researcher.

Date as postmark.

Dear.....

Thank you for volunteering to participate in the research project that I am undertaking as a student on the M.A. in Counselling Studies at University College Chester. My research supervisor is Dr. Rita Mintz.

The project aims to explore the perceptions and experiences of NHS counsellors with regard to regulation. In order to obtain a suitable research sample, I would be grateful if you would complete and return the enclosed questionnaire, from which interviewees will be selected and contacted in due course. If selected, you will be interviewed by me, with your consent, at a time and date to be agreed. The interview will last approximately one and a half hours and will be tape-recorded.

As a member of the British Association for Counselling and Psychotherapy, my research is conducted within their Ethical Framework and you may withdraw from the study at any time. Anonymity is assured throughout the project and you may read a transcript of your interview before any of your comments are included in the dissertation. Upon completion of the assessment of the study, the transcript and tape will be erased or returned to you.

Once again, thank you for volunteering to take part in this project. If you require any further information, please do not hesitate to contact me.

Yours sincerely.

Jackie Jardine
Counsellor.

Appendix 4

PARTICIPANT QUESTIONNAIRE

What is your counselling approach (e.g. Person-Centred)?

How long have you been qualified as a counsellor?

How long have you worked as a counsellor in the NHS?

Do you have any previous experience of working in another field within the NHS? (Please give details).

Are you an accredited/registered counsellor (e.g. with BACP/CPC/BABCP)?

Age (Please tick) 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐
50-54 ☐ 55-59 ☐ 60-64 ☐ 65-69 ☐

Gender

Name:

Contact Address:

Contact phone No:

Appendix 5

University College Chester

**Department of Health & Communication Studies
M.A. in Counselling Studies**

Research Project Consent Form

I,....., hereby give consent for the details of an interview involving me and Jackie Jardine and an audio tape recording of that session to be submitted as part of a research project for the M.A. in Counselling Studies at University College Chester. I understand that the recording of the session will be transcribed by Jackie Jardine and any references that may lead to my identification will be deleted. I understand that while my words or phrases may be used in the main body of the project, there will be no reference made to my identity. I understand my right to withdraw my participation and my personal material at any time throughout the research proceedings.

I also understand that, without my further consent, the transcript could be read and seen by counselling course staff for the purposes of assessment and moderation and by the external examiner for the course in question, and I understand that all of these people are bound by the BACP Ethical Framework with regard to confidentiality. I understand that after examination, the tape and transcript will be erased or returned to me. I understand that without my further consent the research project will be made available for public scrutiny and I permit Jackie Jardine to use excerpts in presentations or any future publication.

Signed:

(Interviewee).....Date.....

Signed:

(Researcher).....Date.....,,

Appendix 5

Acknowledgements

Acknowledgement is given in the devising of this consent form to:

Edge, B. (1999) *A Phenomenological Study of Clients' Experiences of Counselling in a Pastoral Setting*. M.A. Dissertation. University of Liverpool.

Hymus, P. (2001) *Experiences of Muslim Women Counsellors Working in an Asian Context & How That Experience Relates to Their Training in Western Counselling Models*. M.A. Dissertation. University of Liverpool.

Appendix 6

Interview Guide

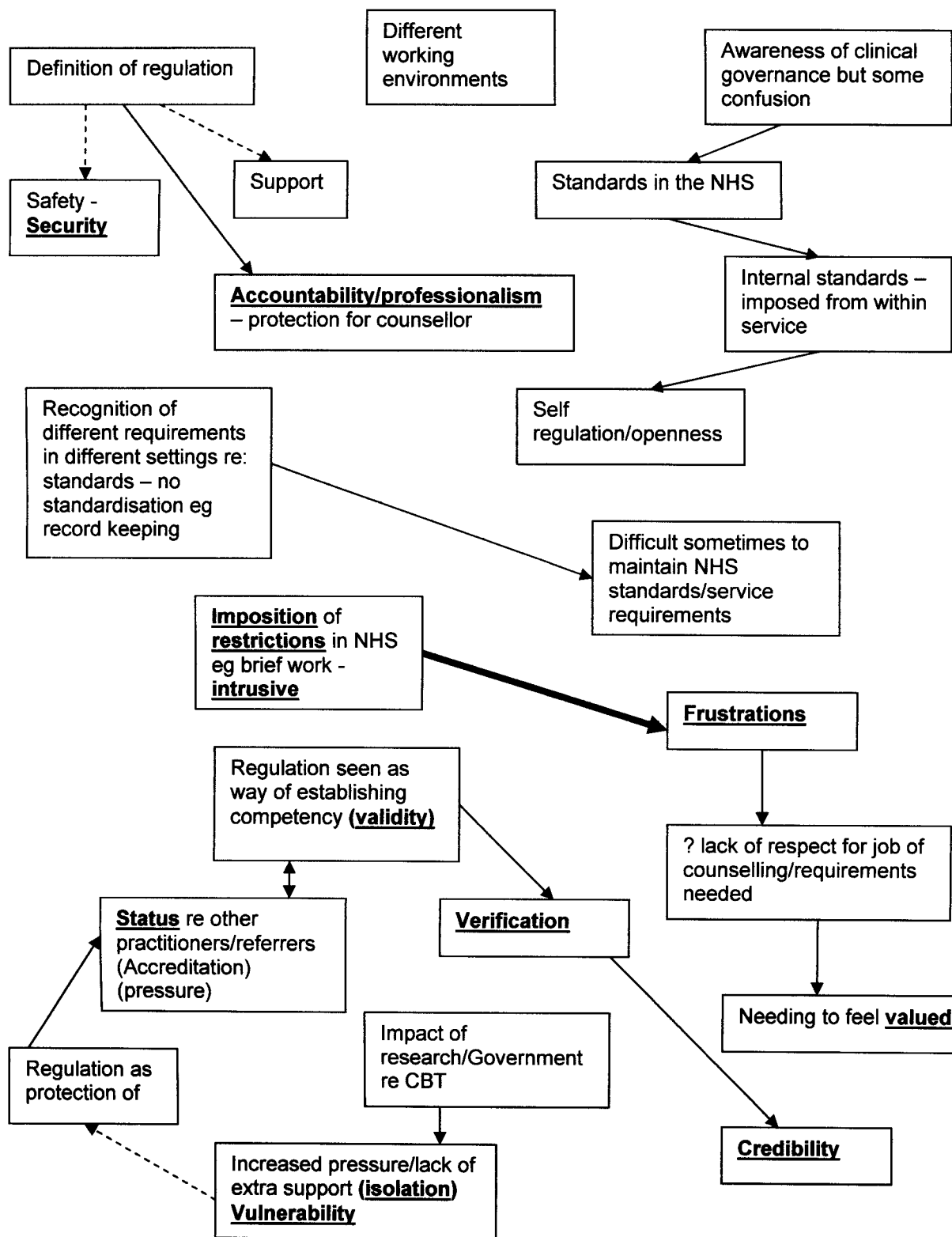
The research will take the form of semi-structured interviews, during which the focus of inquiry will be participants' experiences/thoughts on regulation within counselling, and particularly in relation to their work in the NHS.

The following are intended as a guide for the researcher to ensure that particular avenues of inquiry are explored:

- Brief overview of the current context of your work within the NHS
- What does 'regulation' mean to you?
- How do you (or not) experience regulation within the context of your work in the NHS?
- What are your thoughts/feelings around accreditation?
- How does clinical governance affect (or not) the way that you work?
- How much influence (or not) do you perceive that central Government has on the way that you work?
- How have these issues impacted (or not) on you and your work as a counsellor?

Appendix 7

Sample Discovery Chart



Appendix 8

Outcome group: Intra personal experiences

Category Rules of Inclusion: *The experience of working in the NHS leaves counsellors with ambivalent feelings*

And again, that's to do with the politics of the NHS, lots of years of experience, qualifications, don't mean a damn, nothing means a damn, you're just on the same level as everybody else, unless you're a senior person, but I'm not really too clear about the criteria, how those people are selected, but there's no difference in pay, nothing, nothing at all. E:20:8

I basically wanted to be a counsellor because I liked it and I still like working and you get sessions with clients who you work well with, I do still feel chuffed it's gone well and I've got somewhere and I've got something but the whole structure of the NHS coming down on you like it does now, does take the pleasure out of working as a counsellor, it really does. If only I could have the guarantee of clients privately I could be away from the GP practice, there's no doubt I would prefer to work privately because you are working... it's all different and the motivation for coming and the kind of material the clients bring, the client attitude, everything is different. B:46:15

I don't like it, it's going into like a blame culture, this is another danger, you want to protect people from those few therapists who do abuse their power but what's happening is, you're also potentially creating a situation where you make the counsellor ineffective because they're scared of trying anything new because what if that sets the clients off on a path that might freak them out or something and then they might put in a claim or something, so I feel very sad at what's happening on a personal level. E:16:7

If we start to get complaints we're going to need that [standards as protection] or we're going to get torn to shreds, we've got to have some sort of gating procedure because we're just as vulnerable as doctors, you can have enough of people using you to get sums of money and things like that, that happens with doctors. B:15:5

Yes I still enjoy the face to face work but I don't enjoy the job as a whole anymore, for me it's a joy to work privately because the majority of my work is face to face with the note taking afterwards out of the way. F:28:11

It does feel a bit isolating and access to the team therefore for me isn't readily available.

C:8:2

I have had one person try to make a complaint which was nothing to do with me really, he hadn't sent an opt-in back and he got severely beaten up and I had this horrible phone call saying why wasn't he having counselling and get a counsellor here now. I really thought he was going to take it further and I just got that taste of being on the receiving end of a patient's hatred and venom, it was really an unpleasant feeling, especially when it's out of all control completely and they're going to take it further and that feeling it gives you - totally alone and you find people shrink away and they leave you and it's like they enjoy your discomfort because it's not them. You're in it and they're not and they can enjoy it, it was like an experience of what this feels like and it's not nice, it makes you want to get out. I don't like this and I just want a normal job.

B:40:13

Over the years my practice has changed, I feel a lot more anxious now as a practitioner than I used to be because I feel there are all these things that maybe, there is a feeling, this thing about making it safe for the public, sometimes makes you feel like you're a persecutor, which actually doesn't make me feel good about what I do, because already you're kind of on the defensive. You're like, I could do somebody some harm.

E:16:7

I think counsellors can be last in the pecking order of who gets the best room in a GP practice so if you've got health visitors or nurses or whatever, the counsellor will get what's left and I wonder about that, why that is, which doesn't actually make me feel brilliant, but that's the way it is.

D:25:7

I think you're just doing the donkey work and I think really you're just looked down upon and the fact is, I don't feel lesser than anybody else, if that's the way some people want to see counselling that's their problem, it's not mine. I haven't got the energy to waste on trying to convert people to seeing what we're worth.

E:23:9

It's structuring the way we work within this larger dramatic landscape of people who are after money which is nothing like what we're trained to do is it? We are getting sucked into a larger thing in society where people get large sums of money just by being wronged in some way. We're getting drawn into that pattern to deal with it and Government is giving us and management is giving

us means of protecting ourselves but more to the point, of protecting them the Department, rather than us. I don't feel very protected by it really. B:40:13

I used to be a lot freer, it's not so much of a fear of.....it's just I feel restrained, I feel restricted. I don't feel as free as I used to feel. I used to feel counselling all those years ago was creative. I feel it's lost its creative edge and I feel it's because in a way, there are all these rules and regulations and in one way they're not even doing what they're supposed to be about and in the process they're doing harm. E:17:7

There is a lot of snobbery in the Department and it's veiled and muted but it's certainly lurking in the shadows. I don't think that helps anybody to think we're the poor relations in the Department especially when one side of that lobby gets to make the rules. I know it's changing but about 2 or 3 years ago when I joined it was more obvious and there's still a bit of that high handedness in practice you see a flash of it now and then. I don't think we should be supervised by them because they don't understand how we work. B:20:7

I've worked in other settings but there wasn't that support of a team, although it was within an organisation there wasn't the same sense of security and a greater sense of isolation. I think being part of a bigger organisation even in a freelance way, there is a sense of support and less isolation and some sense of security there. C:48:10

We've had a form round recently that says we have to be, I'm not sure whether it's a member of a professional organisation or registered whatever, but I feel quite annoyed about that I have to say, because it's almost saying that you're not as good as somebody who's got accredited. F:15:7

The humanistic approaches, it's very, very difficult to pin down how they're effective, it's very difficult to have ways of measuring outcomes, yet there is quite a lot of research that has been undertaken that uses qualitative research methods that does show that these particular approaches are effective and do have an impact on the eventual well being of clients that see practitioners using those approaches and I'm always quite shocked how few people, who seem to be making these decisions, seem to be aware of that, that really shocks me. It scares me actually. I don't feel particularly confident that the Psychology Department would be particularly hot on the heels of that research because some of their approaches are actually supportive of the evidence based practice mode of working. E:7:2

How I feel is it's like a waste of time even expressing what I think, what I feel. Sometimes I feel very isolated and lonely in terms of what I feel like I'm talking about and nobody's hearing what I'm saying and in the end I just think what the hell. And that makes me think right, just do what you know you're doing and stick with that.

E:35:12

I feel very vulnerable to the public, I think most NHS staff, GP staff do. You have to behave yourself in lots and lots of ways, there are lots of protocols, you've got to do, you mustn't do, other things, how you speak to them, how you handle their responses, it's become more and more complex.

B:37:12

There's no support, not only that, but they didn't seem to know that this means something unpleasant. I think that is something about how practice staff see counsellors, that they're made of rubber or something, we can take it.

B:42:14

[Accreditation] just happens to benefit me in other parts of my working life other than the NHS. But it happens to be those parts of my life outside of the NHS that make me feel valued and validated as a counsellor. I feel I get more from those areas.

E:22:8

There are some good things, I can see that it's useful, but the minute you give somebody that consent form, tear the top sheet off and give it to them, you keep a copy yourself, I think to myself, here we go again, it's like some bloody contract. I'll give you that, now you're protected, you're safe from me because I could harm you and that makes me feel horrible, that's how it makes me feel, I've got to say. Covering yourself, what's all this covering yourself about?

E:27:10

I need to be protected as well.

F:2:1

I feel valued that I know what I'm doing, I'm accepted on a professional level.

C:20:4

Politics, biased selection of research to back up certain cases, that is the bit that disturbs me, not a list of names, that's nothing really, all of that is the meat that bothers me and that is supposed to be about regulation and it's got no basis, it's got no truthful basis and it's the dishonesty and the deceit that makes me feel concerned really and it makes me feel that this is all shallow, it's a shell and it's not based on the real truth of what genuine, sincere practitioners are

about, it's moved away from the basis of what this is about. So I feel like I'm adrift in the middle of the sea, I felt in terms of what I value about what I do, I don't fit in any more. I used to, I used to feel I was part of something people were excited about, felt good about, don't anymore, don't, that's the truth.
E:36:13

[My friend said] I will never be accredited with the BACP and I'm not going to be registered with the UKCP because she said it's a load of rubbish and I really admired her. And I admired her because she said it doesn't prove that I'm a good practitioner or not and I agree with that, it doesn't, it doesn't prove anything.
E:13:5

I feel that they're very available and I feel supported in that way and not as isolated as I've felt in other settings where there hasn't been that immediacy of access and that's been a concern.
C:10:2

I feel it's good for standards, it's good for people who want to do it, that's fine, but I would want to be recognised as well for what I've achieved.
F:16:8

To me it just makes the meeting between 2 human beings more mechanistic, that's how it feels and less human, it's not an I – Thou meeting like Buber would say, it's an I – It, and I'm an it as well. I'm an it because I can damage you and I've got to cover myself and I have a problem with the whole thing. It's all a business isn't it? Really deep down it saddens me.
E:27:10